

## **SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY BOARD**

### **SPEECH-LANGUAGE PATHOLOGY AIDE I OR AIDE II REGISTRATION APPLICATION PACKET**

This application packet should contain the following information:

- 1.) Four (4) pages of instructions and information
- 2.) A four (4) page application form

If your application packet does not contain these items, please contact the Indiana Professional Licensing Agency at (317) 234-2064 or by email at [pla5@pla.in.gov](mailto:pla5@pla.in.gov). **PLEASE NOTE THAT YOU CAN OBTAIN A COPY OF OUR STATUTES AND RULES ON OUR WEBSITE AT <http://www.in.gov/pla/speech.htm>**

#### **INSTRUCTIONS AND INFORMATION**

Before completing and submitting your application to the Indiana Professional Licensing Agency, please read all materials and information included with this packet. If you have any questions, please contact the Professional Licensing Agency at (317) 234-2064 or by email at [pla5@pla.in.gov](mailto:pla5@pla.in.gov). For additional information, please visit our website at [www.pla.in.gov](http://www.pla.in.gov).

#### **AGENCY ADDRESS**

Indiana Professional Licensing Agency  
Attn: SLPA Board  
402 West Washington Street, Room W072  
Indianapolis, Indiana 46204

#### **THE FAIR INFORMATION PRACTICE ACT**

In compliance with IC § 4-1-6, this agency is notifying you that you must provide the requested information or your application will not be processed. You have the right to challenge, correct, or explain information maintained by this agency. The information you provide will become public record. Your examination scores and grade transcripts are confidential except in circumstances where their release is required by law, in which case you will be notified.

#### **MANDATORY DISCLOSURE OF U.S. SOCIAL SECURITY NUMBER**

Pursuant to Section 7 of the Privacy Act of 1974, you are hereby given notice that disclosure of your U.S. Social Security number on this application is mandatory for the purpose of complying with IC § 25-1-5-8 and IC § 4-1-8-1 which provide that the Indiana Department of Revenue may obtain Social Security numbers from the Indiana Professional Licensing Agency for tax enforcement purposes. In addition, disclosing such number is mandatory in order for the Speech-Language Pathology and Audiology Board to comply with the requirements of the federal National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank 42 U.S.C. §1320(a)-7e(b), 5 USC §552a, 45 CFR Part 60.1, and 45 CFR Part 61.

Failure to disclose your U.S. social security number will result in the denial of your application. Application fees are not refundable.

## **APPLICATION FOR REGISTRATION AS SPEECH PERSONNEL**

Please note that the registration of SLP Support Personnel has recently changed to the following three-tiered system, based on level of education:

### **SPEECH-LANGUAGE PATHOLOGY AIDES**

The minimum education requirement for an SLP aide is a high school degree or equivalent.

### **SPEECH-LANGUAGE PATHOLOGY ASSOCIATES**

The minimum education requirement for an SLP Associate is an associate degree or its equivalent from an accredited institution in the area of speech-language pathology. The degree program must include at least 60 credit hours with the following coursework requirements:

24 credit hours in technical content course work related speech-language pathology.

The core technical skills must include the following:

1. Instruction about normal processes of communication.
2. Instruction targeting the practices and methods of service delivery that are specific to SLP associates
3. Instruction regarding the treatment of communication disorders.
4. Instruction targeting the following workplace behavior and skills:
  - Working with clients or patients in a supportive manner
  - Following supervisor's instructions.
  - Maintaining confidentiality
  - Communicating with oral and written forms
  - Following established health and safety precautions.
5. Clinical observation.
6. A minimum of one hundred (100) clock hours of supervised field experience.

### **SPEECH-LANGUAGE PATHOLOGY ASSISTANTS**

The minimum education requirement for an SLP Assistant is a bachelor's degree or its equivalent in communication disorders from an accredited institution.

SLP Assistants are also required to obtain the following amount of clinical experience:

1. One hundred (100) hours of a clinical practicum supervised by a SLP licensed by the Board.

Of the 100 hours, seventy-five (75) hours must be obtained with direct face-to-face patient/client contact in the following categories:

1. A minimum of twenty (20) hours in speech disorders.
2. A minimum of twenty (20) hours in language disorders.
3. The remaining hours may be obtained in any of the following areas:
  - a. Speech disorders.
  - b. Language disorders.
  - c. Hearing disorders.

**PLEASE NOTE: It is imperative that the licensed speech-language pathologist, who will be supervising the aide, is familiar with the new requirements regarding supervision of different types of support personnel listed above.**

### **APPLICATION**

Mail completed application along with all required documentation listed below to the Indiana Professional Licensing Agency:

#### **SUPPORT PERSONNEL**

Complete and sign the portion of the application marked, "This section to be completed by the Speech-Language Pathology Aide" (Pages 1-2). Answer all questions on the application. If additional space is needed, please attach on a separate sheet of paper. **PLEASE INDICATE ON THE CURRENT APPLICATION WHICH LEVEL OF REGISTRATION YOU ARE SEEKING.**

#### **SUPPORT PERSONNEL SUPERVISOR**

Complete and sign the portion of the application marked, "This section to be completed by the Supervisor" (Pages 3-4). Answer all questions on the application. If additional space is needed, please attach on a separate sheet of paper.

### **AFFIDAVIT**

If you answer "yes" to any question on page 2 of your application, you must explain fully in a signed and notarized statement, meaning an explanation or statement of facts and or events, including all related details. Describe the event including the violation, location, date and disposition. If you have had a malpractice judgment, provide name(s) of plaintiff(s). Letters from attorneys or insurance companies will not be accepted in lieu of your statement, however they may accompany your affidavit.

### **APPLICATION FEES**

Applicants must submit a fifty dollar (\$50) application/issuance fee, made payable to the Indiana Professional Licensing Agency. This fee may be submitted by cash, check or money order. We cannot accept payment by credit card. **ALL FEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE.**

### **OFFICIAL TRANSCRIPT**

Applicants must submit an official transcript of grades directly from the school, verifying that the applicant possesses an associate's or bachelor's degree from an accredited academic institution in the area for which the applicant is applying for licensure. Transcripts must be original, official transcripts. Copies will not be accepted. **STUDENT ISSUED TRANSCRIPTS WILL NOT BE ACCEPTED.**

### **SUPERVISOR'S CURRENT LICENSE**

In order to supervise speech-language pathology support personnel, the supervisor **must hold** a current Indiana license as a speech-language pathologist issued by the Speech-Language Pathology and Audiology Board.

### **VERIFICATION OF STATE LICENSURE**

Applicants must complete the top portion of the Verification of Licensure Form and submit the form to every state where you currently hold or have previously held a license. The remainder of this form must be completed by the appropriate state authority and returned directly from the state board office. **A copy of an applicant's license is not sufficient.** Other states may charge a fee

for this service. Please contact that state for fee information. This form may be duplicated if necessary.

**NAME CHANGE**

If your name differs from that on any of your submitted documentation, you must also submit an official affidavit indicating any legal name change or a notarized copy of a marriage certificate.

**CHANGE OF SUPERVISOR**

If you are no longer being supervised by the speech-language pathologist listed on your application, a new application must be filed. In order to obtain a new application please call the Indiana Professional Licensing Agency and request a speech-language pathology support personnel application or download an application from our website at <http://www.in.gov/pla/speech.htm>. After your new application and fee are received and approved, you will receive a new registration number.

**RENEWAL OF REGISTRATION/CHANGE OF ADDRESS**

All support personnel registrations expire on December 31<sup>st</sup> of each year. A renewal form will be sent to all registrant's sixty (60) days prior to the expiration. Please make sure your address is current at all times with the Indiana Professional Licensing Agency. If you need to report a new address, please put the change of address in writing with your registration number and send it to the Indiana Professional Licensing Agency.